

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039418

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 127 Primary Registration District No. 3040 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 2 years	c. CITY OR TOWN Hale,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) North part town,
3. NAME OF DECEASED (Type or print) First JOHN Middle CALDWELL Last CALDWELL		4. DATE OF DEATH Month October Day 5th Year 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/14/1877
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months 7 Days 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired coal Merchant		10b. KIND OF BUSINESS OR INDUSTRY Merchant	
11. BIRTHPLACE (City and state or country) Bedford, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Caldwell		13b. MOTHER'S MAIDEN NAME Anna Maize,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT Mrs Earl Deardorff, Hale, Mo.		14. NAME OF HUSBAND OR WIFE Mrs Sadie Belle Caldwell	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia - Residual DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 day	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:30 a.m. 10:30 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 27 Sept 62 to 5 Oct 62		20f. CITY, TOWN, OR LOCATION Hale, Missouri	
21. I attended the deceased from 27 Sept 62 to 5 Oct 62 and last saw her 5 Oct 62 Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 10/7/62	
22a. SIGNATURE J D Vandine MD		22b. ADDRESS Chillicothe Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/7/1962	23c. NAME OF CEMETERY OR CREMATORY Hale cemetery	23d. LOCATION (City, town, or county) Hale, Missouri
24. FUNERAL DIRECTOR Clifford W. Aystin F-H Hale, Mo.		25. DATE RECD. BY LOCAL REG. Oct 7, 1962	
26. REGISTRAR'S SIGNATURE Annalee Taylor			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Clifford W. Austin
Clifford W. Austin.

Licensed Embalmer No. #3233

P. O. Address _____ T₁na, M₁ssouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.